

CLAIMS ONLY								Application Number 10709540		Filing Date			
								Applicant(s)					
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/							51	/				
2		/						52		/			
3		/						53					
4		/						54					
5		/						55					
6		/						56					
7		/						57					
8		/						58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14	/							64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		/						69					
20		/						70					
21	/							71					
22		/						72					
23		/						73					
24		/						74					
25		/						75					
26		/						76					
27		/						77					
28		/						78					
29	/							79					
30		/						80					
31		/						81					
32		/						82					
33		/						83					
34		/						84					
35		/						85					
36		/						86					
37		/						87					
38		/						88					
39	/							89					
40		/						90					
41		/						91					
42		/						92					
43		/						93					
44		/						94					
45		/						95					
46		/						96					
47		/						97					
48		/						98					
49	/							99					
50		/						100					
Total Indep								Total Indep	7				
Total Depend								Total Depend	46				
Total Claims								Total Claims	53				

58